U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009				Docket Number (Optional) MEDIV2020-2		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/788,747				Filed February 26, 2004		
For BIOACTIVE S	TENTS AND METHODS FOR	USE THEREO	F			
Art Unit 1615				Examiner C. E. Helm		
This is a request un application.	der the provisions of 37 CFR 1.13	6(a) to extend th	e period	d for filing a repl	y in the above ide	entified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
<u>Fee</u> <u>Sn</u>			nall Entity Fee			
One m	nonth (37 CFR 1.17(a)(1))	\$130		\$65	\$	
⊠ Twom	nonths (37 CFR 1.17(a)(2))	\$490		\$245	\$	245
Three	months (37 CFR 1.17(a)(3))	\$1110		\$555	\$	
Four n	nonths (37 CFR 1.17(a)(4))	\$1730		\$865	\$	
Five m	nonths (37 CFR 1.17(a)(5))	\$2350		\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1896.						rpayment, to
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
attorney or agent of record. Registration Number 45,517						
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34						
3-16-09						
Signature			Date			
Antony M. Novom, J.D. Typed or printed name			858-638-6641 Telephone Number			
NOTE: Signatures of all the signature is required, see	e inventors or assignees of record of the en	tire interest or their r	epresenta	tive(s) are required.	Submit multiple forms	if more than one
☐ Total of 1 forms are submitted.						

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed projection form to the USPTO. Time will vary depending upon didividual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer.

J. States and Trademank Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DN OTS END FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.